

# RESPONSE CARD 2022 ESTIMATE OF GIVING

God has given us a mission and has challenged us to commit our hearts in faith to share the love of Jesus Christ with our community, city, nation and world.

I will pray for the mission and ministry of La Jolla Presbyterian Church.

I will give to the mission and ministry of La Jolla Presbyterian Church.

My total commitment for 2022 is \$ \_\_\_\_\_

I will be giving to LJPC via on-line giving available at [www.ljpres.org](http://www.ljpres.org)

I understand this estimate of giving may be revised or cancelled at any time at my request.

Name (please print legibly):

\_\_\_\_\_

Street Address:

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

Phone:

\_\_\_\_\_

This card may be completed online at [ljpres.org/stewardship](http://ljpres.org/stewardship), turned in on Sundays, brought to the church office, or mailed to the church:

La Jolla Presbyterian Church  
7715 Draper Avenue, La Jolla, CA 92037

For automatic credit card or bank draft giving, please complete the reverse side of this card

## AUTO CREDIT CARD/ AUTO BANK DEDUCTION AUTHORIZATION FOR 2022 PLEDGE TO THE GENERAL FUND

Please charge my (check one):

- VISA                       DISCOVER  
 MASTERCARD           AMEX  
 BANK ACCOUNT

for my LJPC contribution.

By signing this authorization form, I/we herewith give the church permission to use the information provided below.

GENERAL FUND PLEDGE FOR THE YEAR 2022:

\$ \_\_\_\_\_

(total amount for the year)

- Charge \$ \_\_\_\_\_ per month from my credit card
- Deduct \$ \_\_\_\_\_ per month from my bank account (please provide a copy of a voided check)
- Charge \$ \_\_\_\_\_ as a one time donation from credit card

NOTE: I understand that the amount specified above will be charged to my credit account on or about the 20th of each month. Banking deductions will be made on or about the 5th of each month. This authorization will be kept on file in the Business Office of La Jolla Presbyterian Church and will be considered valid unless we are otherwise notified by you in writing.

Please Complete In Full All Authorization Information Requested Below:

Name as it appears on credit card or bank account:

\_\_\_\_\_

Your address and phone number:

\_\_\_\_\_

\_\_\_\_\_

Credit Card/Bank Account No.:

\_\_\_\_\_ Exp. \_\_\_\_\_

Bank Routing Number:

\_\_\_\_\_

Authorized Signature:

\_\_\_\_\_